

Application for Residential Water Service

Town of Westfield Public Works Department

SERVICE

ADDRESS _____

SUBDIV _____

DISCONNECT SERVICE

EFFECTIVE DATE: ____-____-____

A/C # _____

RENTAL: Y OR N

NAME: _____

PHONE: _____

FORWARDING _____

ADDRESS _____

DATE

CALLED IN: ____-____-____

CALLED

IN BY _____

CALL

TAKEN BY _____

FOR OFFICE USE ONLY

PREV READ DATE: ____-____-____

FINAL READ DATE: ____-____-____

DR: ____ IF: ____ MA: ____

READING: _____

READING: _____

CONNECT SERVICE

EFFECTIVE DATE: ____-____-____

A/C # _____

EXISTING PROPERTY: _____ NEW CONSTRUCTION _____

RENTAL: Y OR NO

COPY OF LEASE AGREEMENT: _____

NAME: _____

DL# _____

PHONE: H _____ WK _____

C _____

MAILING _____

ADDRESS _____

Customer advised of transfer fee? Yes or No (circle one)

Does house have an irrigation system? Yes or No New _____ or Existing _____

If yes, irrigation permit required.

DATE

CALLED IN: ____-____-____

CALLED

IN BY _____

CALL

TAKEN BY _____

FOR OFFICE USE ONLY

START READ DATE: ____-____-____

BILL READ DATE: ____-____-____

A: _____ IR: _____

READING: _____

READING: _____

AF: _____ NC: _____